

# **Village of Waldo**

## **Burn Permit Application**

**810 W Second St., P.O. Box 202, Waldo WI, 53093**  
**(920) 528-8121**

### **Applicant Information**

Full Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **If Renting:**

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_

### **Applicant Acknowledgment**

I hereby release the Village of Waldo, the Waldo Fire Department, officials, or any member thereof, from responsibility for damage or loss incurred from burning. I understand I am liable for all fire suppression costs or damage caused by fire originating from the burning of material on my property. I have read and understand the applicable ordinances (§146-10.5 through §146-11.2) and acknowledge that failure to follow them may result in this permit being rescinded and/or penalties applied under the Village of Waldo Fire Code.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Expiration Date (1 year): \_\_\_\_\_

Approved by (Signature): \_\_\_\_\_